Certified Federal
CREDIT UNION

Account Closure Request

We have received your request to close your Certified Federal Credit Union account(s). Please complete the following form and include a copy of your unexpired government ID. Once completed, return this form to us.

We would appreciate your feedback, as we are always looking for ways to improve.

Please select the reason(s) for closing your account(s).

☐ Distance to branches ☐ Moving out of area ☐ Negative experience ☐ Holds on checks ☐ Fees

☐ Closing investment(s) ☐ Loan(s) paid ☐ Consolidating funds ☐ Loan not approved

☐ Other (please explain below)

Comments: _____

_____

_____

Complete the following:

Account No. _____ Social Security No._____

Account(s) to be closed: ☐ Membership ☐ Checking ☐ Savings ☐ Visa ☐ Loan ☐ Christmas Club ☐ Vacation Club

Member Name_____ Phone No._____

Street Address _____

City _____ State _____ ZIP Code_____

Funds Disbursement (please select one):

☐ Mail check for balance of Acct(s) _____

☐ Transfer to Certified Federal Account No. _____ Acct Type:_____

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Acknowledgement

Please allow up to 10 days from the date Certified Federal Credit Union receives your request for processing. By closing the account, you acknowledge all electronic access via ATM, Debit Card, Bank by Phone and Online Banking will be revoked, which includes access for all primary and joint account holders. All lines of credit will be closed.

_____

Member Signature Date

_____

Member Signature Date

Return Completed Form:

Mail: Certified Federal Credit Union
4455 Arden Drive
El Monte, CA 91731-1501

Fax: 626.246.3126
In Branch: Visit your local branch

For Office Use Only:

Date Closed _____ Amount $ _____

Officer _____